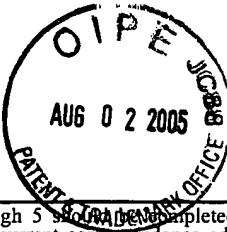


8-405

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by **Lillian Garcia**

FOR

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Name (Print) **Lillian Garcia** Signature 

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/751,776	12/29/2000	Joel D. Medlock	9824-032-999	8748

**TITLE OF INVENTION: APPARATUS AND METHOD FOR CALCULATING AND IMPLEMENTING A FIBONACCI MASK FOR A CODE GENERATOR**  
 08/05/2005 SSESHE2 00000015 09751776

01 FC:1501 1400.00 DP  
 02 FC:1504 300.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$700 1400	\$300	\$1000	09/06/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
CHANG, EDITH M		2637		375-130000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 11/20/03 R/F: 014146/0100**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Infineon Technologies AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Date **Aug 2, 2005**Typed or printed name **Laura C. Brutman**Registration No. **38,395**

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